

Line of Business: Short-Term Limited Duration Insurance Reporting Period: January 1, 2025 through December 31, 2025 Filing Deadline: May 31, 2026

Contact Information

MCAS Administrator	The person responsible for assigning who may view and input company data.
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.

Schedule 1 - Interrogatories

ID	Description	Response
1-01	List the states where your STLD products are marketed	Comment
1-02	Does the company offer STLD policies/certificates with up to a 90- day duration?	Yes/No
1-03	Does the company offer STLD policies/certificates with 91- to 180- day duration?	Yes/No
1-04	Does the company offer STLD policies/certificates with 181- to 364-day duration?	

1-10 How many policy forms

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Schedule 2 - Policy/Certificate Administration

2-46	Direct Written Premium. (Updated at direction of the MCAS Blanks (D) Working Group to match original intent. 10/19/22)
2-47	Earned premiums for Reporting Year
2-48	Number of Policies/Certificates in Force at the Beginning of the Period
2-49	Number of Covered Lives on Policies/Certificates In Force at the Beginning of the Period
2-50	Number of new policy/certificate applications received during the period
2-51	Number of new policy/certificates issued during the period
2-52	Number of new policies/certificates denied during the period
2-53	Number of Covered Lives on New Policies/Certificates Issued During the Period
2-54	Member months for policies/certificates newly issued during the period
2-55	Number of policy/certificate renewal/reissue applications received during the
2-56	Number of policies/certificates renewed/reissued during the period

Number of Policies/Certificates Cancelled by Insurer for Any Reason Other
Than Non-Payment of Premium During the Period
Number of Policies/Certificates Cancelled by Insurer Following Filing of a
Claim or Prior Authorization Request by the policyholder/certificateholder
During the Period
Number of Lives on Policies/Certificates Cancelled by Insurer Following Filing
of a Claim or Prior Authorization Request by the policyholder/certificateholder
During the Period
Number of rescissions
Number of insured lives impacted on terminations and cancellations initiated
by the policyholder/certificateholder
Number of insured lives impacted on terminations and cancellations due to

5-111 Number of

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6-138	Number of New Individual Applications completed by Any Other Method During the Period
6-139	Commissions paid during reporting period (Dollar Amount of Commissions Incurred During the Period)
6-140	Unearned Commissions returned to company on policies/certificates sold during the period?
6-141	Other remunerations collected during the period (Dollar Amount of Fees Charged to Applicants and Policyholders During the Period)

Schedule 7- Short-Term Limited Duration Attestation

By completing the attestation information, those named understand, agree and certify on behalf of the named company that:

- 1. They are authorized to submit the Market Conduct Annual Statement on behalf of the named company and to bind the company to the statements in this attestation;
- 2. They are knowledgeable of the information required to be provided in the Market Conduct Annual Statement filed by this company and have reviewed this filing;
- 3. To the best of their knowledge and belief, this filing represents a full and accurate statement of the information required to be provided in the Market Conduct Annual Statement pursuant to the applicable instructions; and
- 4. They are aware that the state insurance department(s) receiving the data may initiate regulatory action as authorized by law in a specific jurisdiction if the data submitted in the MCAS is inaccurate, incomplete, or found to be materially false, misleading or omissive.

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Policies / Certificates - Refers to the coverage documents provided to individuals or families (i.e., state residents) who are enrolled in coverage (not the association)

rehabilitation services, and mental health and substance use disorder services), treatment plan, or medical device and equipment is medically necessary or a covered service. Sometimes called preauthorization, prior approval or precertification, this includes any provision requiring the insured to notify the company prior to treatment.

Claim – For the purposes of this data call a claim means any individual line of service within a bill for services.

Claim Clarifications:

- Claims received, paid and denied should be reported according to the data year of the receipt, payment or denial.
- Claims are to be reported at the service line level.
- Capitated claims are to be reported if an Explanation of Benefits (EOB) is generated.
- Duplicate claims should not be reported.

<u>Schedule 5 Definitions (Consumer Requested</u> <u>Reviews/Grievance/Complaints):</u>

Lawsuit—An action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.

For purposes of reporting lawsuits for Short-Term Limited Duration Insurance products:

Include only lawsuits brought by an applicant for insurance, a policyholder or a claimant/beneficiary as a plaintiff against the reporting insurer or its agent as a defendant;

Include all lawsuits, whether or not a hearing or proceeding before the court occurred;

Do not include arbitrations of any sort;

If one lawsuit has two or more complainants, report the number of complainants as the number of lawsuits. For example, if one lawsuit has two complainants, report two lawsuits. If the lawsuit is a class action, see instructions for treatment of class action lawsuits;

Report a lawsuit in the jurisdiction in which the policy was issued with the exception of class action lawsuits;

Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class member resides. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.

Lawsuits Closed During the Period with Consideration for the Consumer—A lawsuit closed during the reporting period in which a court order, jury verdict, or settlement resulted in payment, benefits, or other thing of value, i.e., consideration, to the applicant, policyholder, or beneficiary in an amount greater than offered by the reporting insurer before the lawsuit was brought.